

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 5

2. STATE:

NH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/00

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 24,600

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 6 to Attachment 2.6A

10. SUBJECT OF AMENDMENT:

Revised Earned Income Computation (EID) Policy for Old Age Assistance and Simplified EID  
Policy for Old Age Assistance

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

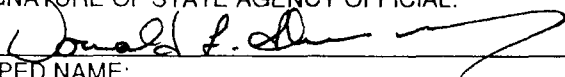
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Comments, if any, will follow

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Donald L. Shumway

14. TITLE:

Commissioner

15. DATE SUBMITTED:

12/20/00

16. RETURN TO:

Maralyn Doyle  
Dept. of Health and Human Services  
Brown Bldg.  
129 Pleasant St.  
Concord, NH 03301

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

12/28/00

18. DATE APPROVED:

3/28/01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/00

21. TYPED NAME:

Ronald Preston

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:



22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

State: New Hampshire  
Standards for Optional State Supplementary Payments

Supplement 6 to ATTACHMENT 2.6-A

Payment Category	Administered by	Income Level				Income Disregards Employed	
(Reasonable Classification)		Gross		Net			
(1)	Federal (2)	State	1 Person (3)	Couple	1 Person (4)	Couple	
Aged		X	1,250	2,500	526	770	OAA/APTD/ANB - <u>Any Income</u> : \$13 individual \$20 couple ANB - <u>Earned Income</u> : First \$85 plus 1/2 of the remaining income from earned income. Additional disregards for Individual Written Rehabilitation Plans approved by Supervisor of Blind Services, Vocational Rehabilitation Division
Blind		X	1,250	2,500	526	770	
Disabled		X	1,250	2,500	526	770	OAA/APTD - <u>Earned Income</u> : Federal SSI earned income deductions.
Congregate Living Arrangement Residential Care Facility		X	1,250	2,500	706		Applies to those in independent or Community/Residential living groups
Community Residence (Subsidized)		X	1,250	2,500	588		
Community Residence (Non-Subsidized)		X	1,250	2,500	648		
Community Residence (Enhanced Family Care Facility)		X	1,250	2,500	706		

New Hampshire is a 1902(f) state.

TN No. 00-005  
Supersedes  
TN No. 00-001  
7985E

Approval Date 3/25/01

Effective Date 10/01/00  
HCFA ID: